Name in Full

Janet Arthur

Certificate of Death

Died at Town: Kumps P.O. County: Carroll MARYLAND

Date 189 Month: 12, Day: 9 | Age Y. 78 M. D. | Native of Ireland | Occupation housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living 4

Husband / Wife of Andrew Arthur

Father's Name John Hamilton | Mother's Name Margt. Stamps

Cause of Death — Primary: Mitral insufficiency — How long sick: 2 years

Immediate: heart failure, dropsy — Accident, Suicide, Homicide

Reported by Dr. Binnie MD

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

.Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Lydia A. Babylon

Died at Town: Fuzzelburg County: Carroll MARYLAND

Date 1898 Month: Dec. Day: 16 Age Y.: 57 M.: 3 D.: 7 Native of: Carroll Co. Occupation: Housekeeper

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Sarah Zeller

Father's Name: Jesse Babylon Mother's Name: Catherine Babylon

Cause of Death — Primary: 57 How long sick: 24 hours

Immediate: Heart-Disease ~~Accident, Suicide, Homicide~~

Reported by: Jacob Runehart M. D

Address: Fuzzelburg Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 55068

Name in Full: Ellen Baker

Certificate of Death

Died at: Town: Gamber County: Carroll MARYLAND

Date 1898 Month: Dec Day: 29 | Age Y.: 48 M.: 1 D.: 3 | Native of: Maryland | Occupation: ——

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of James Baker

Father's Name: Obid. Pennington Mother's Name: Mary Wheeler

Cause of ~~Death~~: Primary: Pneumonia 72 | How long sick: 1 Wheek

~~Immediate~~: M. L. Bott. M. D. | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Frank C Sharrer Undertaker

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Elmira Beall

Certificate of Death

Died at Town Tanytown County Carroll MARYLAND

Date 1898 Month 12 Day 17 Age Y. 60 M. D. Native of Md Occupation housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Frank Beall

Father's Name — England Mother's Name

Cause of Death Primary Cerebral Hemorrhage How long sick 12 hours

Immediate Apoplexy Accident, Suicide, Homicide

Reported by C Birnie Mo

Address Tanytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

The undertaker was_____

of _____

Seen by Coroner_____

of _____

Information contained in this certificate received from_____

of _____

Name in Full: Uriah Bruce

Certificate of Death

Died at Town: Westminster County: Carroll MARYLAND

Date 1898 Month: Dec Day: 10 Age Y.: 72 M.: 1. D.: 10 Native of: Carroll Occupation: Labour

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 4

Husband / Wife of: Uriah Bruce

Father's Name: Isaac Bruce Mother's Name: Henrietta Bruce

Cause of Death: Primary: Dropsy 57 How long sick: 3 years

Immediate: Heart

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Jno. S. Mathias

Address: Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Joseph C Cable

Died at near Town East View County Carroll MARYLAND

Date 189 8 Month Dec Day 20 | Age Y. 65 M. 11 D. 14 | Native of Maryland | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Rebecca H Shilling

Father's Name Jacob Cable

Mother's Name Ruth Cole

Cause of Death: Primary Bright's disease 97 — How long sick about 6 Weeks

Immediate — Accident, Suicide, Homicide

Reported by Frank C Shaner Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. R968

Name in Full | Certificate of Death

Mrs. Marjory Cash

Died at Town: Double Pipe Creek County: Carroll MARYLAND

Date 189 8 Month 12 Day 1 | Age Y. 57 M. – D. – | Native of Md. | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband / Wife of Louis Cash

Father's Name Birkly | Mother's Name 57

Cause of Death: Primary Heart Insufficiency with | How long sick 10-12 mo.

Immediate Cirrhosis of Liver | Accident Suicide, Homicide

Reported by H. Durbin Brown M.D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Caroline Dayhoff

Died at Town Taneytown County Carroll MARYLAND

Date 1898 Month Day Dec. 12 Age Y. M. D. 76.3. Native of Md. Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 16

Husband ~~Wife~~ of Christopher Dayhoff died 15 yrs ago

Father's Name

Mother's Name

Cause of Death Primary Neuralgia of Heart

Immediate Heart

How long sick 7 days

Accident, ~~Suicide, Homicide~~

Reported by [illegible]

Address Taneytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

George Dicus

Died at Town: Hamel | County: Carroll | MARYLAND

Date 1898 | Month: Dec | Day: 23 | Age Y. 94 M. D. | Native of: Md | Occupation: blacksmith

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 4

Husband / Wife of Fannie Dicus

Father's Name: name not given | Mother's Name: " " "

Cause of Death: Primary: Old age 141 | How long sick

Immediate: Exhaustion | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: A. T. Cronk MD

Address: Winfield Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

James Erhard

Died at Town New Windsor County Carroll MARYLAND

Date 189 8 Month Dec Day 1 Age Y. 77 M. 6 D. 17 Native of Md Occupation Gentleman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name 57 Mother's Name

Cause of Death Primary Heart Disease Complained How long sick 6 months

Immediate ~~Accident, Suicide, Homicide~~

Reported by Chas P Baile Undertaker

Address New Windsor Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner _____

of _____

Attended by Dr. Geo H Brown

of New Windsor Md

Information contained in this certificate received from Chas Bailey

of New Windsor Md

Name in Full

Certificate of Death

Emily Farquharson

Died at 5 miles from Preston Town County Caroline MARYLAND

Date 189 1 Month 12 Day 5 Age Y. 75 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of John Farquharson

Father's Name Mother's Name

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Dorchester Standard

Address Cambridge 12-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. O. S. Walton, Preston,

J. T. Frampton & Son undertakers.

Name in Full | Certificate of Death

James. Francis

Died at Town: Bennett | County: Carroll | MARYLAND

Date 189 8 | Month: Dec | Day: 3 | Age Y. 78 M. 1 D. | Native of: Md | Occupation: Merchant

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Elizabeth Francis

Father's Name: James Francis | Mother's Name: Not given

Cause of Death: Primary: Paralysis 44 | How long sick: 12 months

Immediate: Recent hemorrhage [illegible] | Accident, Suicide, Homicide

Reported by: A. T. Crook M.D.

Address: Winfield Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name in Full: Thomas Green

Certificate of Death

Died at — Town: Sykesville — County: Carroll — MARYLAND

Date 189 8 — Month: Dec — Day: 8 — Age: Y. — M. 2 — D. 24 — Native of: Md — Occupation: —

Male / ~~Female~~ — ~~White~~ / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband / Wife of —

Father's Name: Thomas Green — Mother's Name: Annie Green

OVER

Cause of Death — Primary: 153 — Supposed — How long sick

Immediate: Inanition — Accident, Suicide, Homicide

Reported by: no physician in attendance — Jas R Weer

OVER

Address: Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. None —

of —

Seen by Coroner —

of

Information contained in this certificate
ceived from Thos Green —

of

JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Name in Full

Certificate of Death

Winter Davis Huber

Died at Town Westminster County Carroll. MARYLAND

Date 1898 Month Dec Day 24 Age Y. 29 M. 2 D. 15 Native of Maryland Occupation Druggist

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Abraham H Huber Mother's Name Mary Royer

Cause of ~~Death~~ Primary Consumption 22 a How long sick 3 Weeks

~~Immediate~~ J. H[illegible] - M.D. Accident, Suicide, Homicide

Reported by Frank C Thorner Undertaker

Address Westminster Md J. J. Henning. Dr

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ann Lucinda Johnson

Town

Uniontown

County

Carroll

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dec.	24	75	3		Maryland	Housewife

Dato 1898

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

Husband of

~~Wife~~

Father's Name James Johnson

Mother's Name John Snyder

Cause of Death: Primary 44

Immediate Paralysis

How long sick One hour

Accident, Suicide, Homicide

Reported by Luther Stump M.D.

Address Uniontown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Wm Kaiser

Died at Town: Mayberry | County: Carroll | MARYLAND

Date 1898 | Month: Dec | Day: 2 | Age: Y. 68. M. D. | Native of: Md | Occupation: Farmer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 5

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary: Pulmonary Tuberculosis | How long sick: 3 months

Immediate: Tuberculosis | Accident, Suicide, Homicide

Reported by: C Birnie MD

Address: Taney town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — William Risen — Certificate of Death

Died at — Town: near Rump — County: Carroll — MARYLAND

Date 189 8 — Month 12 — Day 3 — Age Y. 68 M. 2 D. - — Native of — Occupation Farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living 6

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Record Company

Address 12-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Mary J. Kolb

Certificate of Death

Died at Town Uniontown County Carroll MARYLAND

Date 189 8 Month 12 Day 10 Age Y. 68 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Carroll Record Tanytown

Address 12-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

J. W. Kolb Undertaker,
Double Pipe Creek
Rev. Wm. Murray, Creagerstown,

Name in Full

Certificate of Death

John Kulins

Town

County

Died at Carroll MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 12 28 Age

Male White Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living ✓

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Paralysis — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

St. Joseph's cemetery, Tanneytown

Name in Full

Certificate of Death

James Kulms

Died at Town Shares Station County Carroll MARYLAND

Date 1898 Month Day 2 Age Y. M. D. 79. 11. 28 Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Wife

Father's Name

Mother's Name

OVER

Cause of Death Primary Atheroma How long sick

Immediate Apoplexy Accident, Suicide, Homicide

Reported by C. Birnie Moss

Address Taney town Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

mation contained in this certificate re-

ived from_____

of_____

Name in Full — Certificate of Death

David Jacob Leister

Town — County

Died at — Carroll — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dec.	14	45	7	—	Carroll	Farmer

Date 189[illegible]

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — Widow / Widower — Divorced —

Number of children living 3

Husband ~~Wife~~ of — Miss Burkhart

Father's Name — Isaiah Leister

Mother's Name — ~~Matilda~~ Amanda Leister

Cause of Death — Primary — Cold — How long sick — 2 weeks

Immediate — Peritonitis — Accident, Suicide, Homicide

Reported by — Jas. H. Billingslea M. D.

Address — Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

George Washington Logue.

Died at Town Carrollton, County Carroll, MARYLAND

Date 1898. Month Dec. Day 27th | Age Y. 74 M. 2 D. 8 | Native of Maryland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Late Mary Logue,

Father's Name Unknown Mother's Name Unknown.

Cause of Death: Primary Pneumonia — How long sick 2 weeks.

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Harry Fessler Baer, M.D.,

Address Tannery, Carroll Co., Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah McK Longwell

Died at Town Westminster County Carroll MARYLAND

Date 1898 Month Dec Day 1st Age Y. 84 M. D. Native of Maryland Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living one

~~Husband~~ Wife of John K Longwell

Father's Name John McKaleb Mother's Name Mary Clingan

Cause of Death Primary General debility How long sick about one year

Immediate 153 Accident, Suicide, Homicide

Reported by Frank C Shaver Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Benjamin Jackson Matthies

Certificate of Death

Died at ~~Hoch~~ Town near Silver Run County Carroll MARYLAND

Date 1898 Month Dec Day 9 Age Y. 70 M. 6 D. 6 Native of Maryland Occupation Pump Maker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband Wife of Ellen Marie Fecan

Father's Name John Matthies Mother's Name Lydia Matthies

Cause of Death Primary Heart trouble 57 How long sick 2 years

Immediate " " ~~Accident, Suicide, Homicide~~

Reported by the Family

Address Milton F. Little Silver Run Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 65958

Name in Full — Certificate of Death

Greta M. Nelson

Died at — Town: Union Bridge — County: Carroll — MARYLAND

Date 189 8 — Month: 12 — Day: 29 — Age: Y. 5 M. 6 D. 21 — Native of — Occupation

~~Male~~ / Female — White / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / Number of children living

Husband of

Wife

Father's Name: Harry Nelson

Mother's Name: Ella A.

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Carroll Record 1-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79798

Name in Full: Chas. A. Reaver

Certificate of Death

Died at Town: Union Bridge County: Carroll MARYLAND

Date 189 8 Month 12 Day | Age Y. 35 M. D. | Native of Carroll Co. | Occupation Lime Burner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 5

Husband / Wife of Elizabeth Reaver

Father's Name _____ Mother's Name _____

Cause of Death: Primary 81 | How long sick 10 days

Immediate Gastritis, Enteritis | ~~Accident, Suicide,~~ Homicide

Reported by Frank J Shriver Undertaker

Address Union Bridge Filed 1898

W. Durbin Brown M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Catherine Reed

Certificate of Death

Died at Town Snydersburg County Carroll MARYLAND

Date 189 8 Month Dec Day 21 Age Y. 75 M. 8 D. 8 Native of Maryland Occupation House duty

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband,~~ Wife of Manassa Reed

Father's Name Geo. Yingling Mother's Name Mary Yingling

Cause of Death Primary Dropsy 126 How long sick 3 months

Immediate Gangrene of right foot ~~Accident, Suicide, Homicide~~

Reported by John F. B. Moore M. D.

Address Manchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Mrs. Susan R. Reed

Died at Town: Mechanicsville County: Carroll MARYLAND

Date 189 4 Month: 12 Day: 7 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Granville Reed

Father's Name: Joseph Miller | Mother's Name:

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Hampstead Enterprise

Address 12-9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Rev. M. H. Burkey
St. Paul's Lutheran Ch.,
Arcadia.

Name in Full | Certificate of Death

John Jacob Henry Reifsnider

Died at Town: Taney town | County: Carroll | MARYLAND

Date 1898 | Month: 12 | Day: 31 | Age Y. 56 M. D. | Native of: Md | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Lucy Reifsnider

Father's Name: Hand Reifsnider | Mother's Name:

OVER

Cause of Death: Primary: Cancer of Stomach | How long sick: 2½ yrs

Immediate: inanition | Accident, Suicide, Homicide

Reported by: C Bivinis MD

Address: Taney town

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Mary M. Lauble

Died at Town: Springmills County: Carroll MARYLAND

Date 189 8 Month: Dec. Day: 20 | Age Y. 76 M. 4 D. 15 | Native of Maryland | Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Samuel Lauble

Father's Name Cannot get Name Mother's Name Cannot get name

Cause of Death: Primary Paralysis 44 How long sick about 1 hour

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Chas. R. Fouts M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full — Certificate of Death

Jacob Shetter

Died at Town: near Pleasant Valley County: Carroll MARYLAND

Date 189 5 Month 12 Day 12 | Age Y. 87 M. D. | Native of | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 0

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick 3 weeks

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel

Address 12-17 Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full | Certificate of Death

Mrs. Catherine Shellman

Died at Town: Westminster | County: Carroll | MARYLAND

Date 1895 | Month: Dec. | Day: 2 | Age Y. 83 M. D. | Native of: Don't Kno | Occupation: House Wife

~~Male~~ | White: Yes | Married: Yes | Widow: Yes | ~~Divorced~~: No

Female: Yes | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living: 3

~~Husband~~ of Wife: James F. Shellman

Father's Name: Philip Jones | Mother's Name: Mary Beam

Cause of Death: Primary: Indigestion | How long sick: 24 Hours

Immediate: Pertinatus | Accident, Suicide, Homicide

Reported by: Jas. H Billingsley M.D.

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Mrs Louisa Shipley

Certificate of Death

Died at: Town: Freedom County: Carroll MARYLAND

Date 1898 Month: Dec Day: 10 Age: Y. 81 M. – D. – Native of: Carroll Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of: Tivis Shipley 100

Father's Name: Jacob Mathias Mother's Name: Mary Shorb

Cause of Death: Primary: Uremic Gastritis How long sick: 5 weeks

Immediate: Heart

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: D. B. Sprecher

Address: Sykesville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full Levine S. Snader

Certificate of Death

Died at Town County Carroll MARYLAND

Date 1898 Month 12 Day 19 Age Y. 6 M. 6 D. 14 Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name S. Scott Snader Mother's Name 86 Utz

Cause of Death Primary Membranous croup How long sick

Immediate Accident, Suicide, Homicide

Reported by American Sentinel 12-31

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full — Lizzie Sullivan — Certificate of Death

Died at — Town: Emmitsburg — County: Carroll — MARYLAND

Date 189 8 — Month 12 — Day 2 — Age Y. 65 M. D. — Native of — Occupation

~~Male~~ Female — White — ~~Married~~ Single — Widow ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name — Mother's Name 57

Cause of Death — Primary: Heart disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Dues Emmitsburg

Address 12-2

Must be signed by physician, if any in attendance, otherwiae by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Charles Williams

Town

County

Died at Carroll Co Alms House Carroll

MARYLAND

	Month	Day		Y.	M.	D.	Netive of	Occupation
Date 189 8	Dec.	9th	Age	49			Maryland	Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number ~~of children~~ living

Husband of
Wife

Father's Name: Dont Know

Mother's Name: Dont Know

Cause of Death — Primary: Consumption 229 — How long sick: Abt 2 years

Immediate: Heart failure

~~Accident, Suicide, Homicide~~

Reported by: Leonard Duff

Address: Helmuth D [redacted] Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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